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Counselling psychology in South Africa: Relevance, crossroads, or service road?

Abstract

In the past decade, debates about the place of counselling psychology in South Africa escalated beyond academia to enter public, government, and juridicial spaces. These debates reappeared after amendments to the 1974 Health Professions Act had introduced scopes of practice in 2011. However, this scope-wars phase ended in the regulatory domain in 2019 when The Minister of Health gave notice not to proceed with the regulations. This followed after public comments and after the regulatory body set up processes to respond to both professional debates and a court judgement. This paper reviews this scope-wars phase and critically analyses the ways in which the professional vitality of counselling psychology was positioned. To do this I analyse the discursive frame of relevance and the trope of crossroads, asking how the crossroads was a professional cul-de-sac in disguise. I present an alternative discourse to consider a new route that can be chartered and built through transforming identities, ideologies, training, and practice. A service road metaphor is suggested as the alternative to show the value of counselling psychology practice in South Africa.

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Introduction

Debates about the value of psychology as a health profession in South Africa have used the frame of *relevance.* Within this frame, counselling psychology (CP) became stuck in the trope of being at a *crossroads.* The crossroads trope has been used to resolve longstanding crises and to advocate for CP's value but, like the relevance debate, points to a discursive frame that has bedeviled it since its professionalisation in South Africa. This paper analyses the crossroads trope and presents

an alternative to this description to (still) position CP as necessary in contributing to the professional discipline. As Long (2013: 442) maintains, "[I]t is impossible to create a profession accessible to all South Africans while neglecting to analyse the discipline's discursive order".

The French translation provides a useful way to understand the meaning of the word 'road': *la route.* A route implies a destination or goal has been marked out; thus 'crossroads' implies opposing or unclear goals. Furthermore, as an editor of this journal pointed out in an early version this paper, roads are different because they have an orienting function (R Truscott, personal communication, July 30, 2020). To extend this, crossroads (as metaphor for practitioners and the discipline) points to disorientation that results from a break in, or absence of, a route.

The image of crossroads is prominent in literature and psychology, with an intersection being central to the plot in **Oedipus Rex** (Editor, 2019), a story Freud famously appropriated. Although simple, metaphors are the mainstay of psychology. Freud's theory stands out; and, relevant to the trope here, is the notion of dreams being the royal road to the unconscious. States (2001: 105) elaborates, "[T]he unconscious is not the place where the id dwells, but where we do at least 95% of our thinking. . . . the cognitive unconscious is the place where metaphors are born, and . . . metaphorical thinking precedes the arrival of literal meanings in somewhat the way that a 'hunch' precedes the solution to a problem". In Truscott's (2020) explication of the psychoanalytic road, the Persian royal road (4000–3001 BC until around 500 BC) is noted as having served as a postal route. In this case, when a road functions as a postal route, the action is about delivery, a meaning this article elaborates on later.

The crossroads trope can be located within metaphors used in the profession. Crossroads may be part of a 'journey', a term used to show readiness, worthiness, and fit for the profession. The journey metaphor has resonance with romanticism, mystery, and spirituality wherein an agent is "wishful, future-oriented, expectant" (Feltham, 2010: 138). This can be uncritically adopted as a requirement for how adherents to counselling practice must think but, as Feltham (2010: 139) suggests, this discourse could be limiting: "[W]e should stop to ask what actual freshness, meaning and limitations the journey metaphor has in counselling circles". After all, Oedipus went on a *journey* and killed his father at a *crossroads* (Sophocles, ca. 420 BCE/2004).

Despite the legendary warnings about crossroads, the trope has been used locally and internationally to find professional orientation. In South Africa, it pointed to questions about professional locatedness in contextual problems of nation and continent. In North America, the trope has been used when the professional organisations of

psychology were facing challenges. In the United States (US), Gazda (1987) used it in a divisional presidential address to point out the roles, specialisation, and socialisation that had become implied in proposed regulations and policies. More recently, a keynote address's title (Sinacore, 2019: 187) at a Canadian CP conference used the crossroads frame to advocate for innovation that should proceed "beyond identity and territorial debates", an appeal that Pretorius (2012) had similarly made about psychology in South Africa.

Any analysis of psychology as discipline and, in South Africa, where it is divided into registration categories, should not be taken up only by the expected actors of critical psychologists, research psychologists, and academics, but also by practising psychologists. As Long (2013: 442) concludes in an analysis of discourses in keynote and opening speeches made at the Psychological Society of South Africa (PsySSA) congresses, the relevance rhetoric must fall away and further research should study the profession's discourse: "It does not suffice for a critical psychology to study the discourses that circulate in the public domain when psychology itself remains beyond interrogation. Unless the discipline becomes the subject of its own reflexive gaze, there is nothing to prevent it from becoming another market casualty."

Following this recommendation, the current analysis, located within this instruction of questioning the very value of the discipline, aims to: 1. Describe relevance as a discursive frame in psychology as applied discipline and in CP as registration category; 2. Analyse the trope of a crossroads in CP; and 3. Present an alternative frame and positioning for both psychology and CP.

To draw boundaries around this analysis, I review scholarship and regulatory responses from the last decade's escalation of debates about professional psychology. I give close analysis to a key document, **Report of the Working Group on Promulgation of Regulations** (Professional Board for Psychology (PBP), 2018) to consider whether, and how, CP should foreground its value in society. This document shows how a regulatory body maps out an orientation (route) for the profession to resolve debates. My expectation is for further writings to discontinue the relevance debate and for CP to move beyond its crossroads framing so that it can focus on practice and research rather than endless polemic. I neither conduct a formal step-by-step discourse analysis, nor do I present an opinion piece. I explore the discourse of relevance and the trope of crossroads by putting them into the historical context, particularly the past decade's developments. As Bartel (2012: 312) explains, an analysis of any discursive frame should be placed within a "specific discourse community". I thus use professional body reports as data itself to analyse the rhetoric and debates that have been advanced. Such an approach cannot unearth statistical evidence for their claims and conclusions.

I do not take the position of using the content of such reports, mimetically, as a reflection of a reality 'out there'. Rather, I focus on interrogating language in action and how versions of reality get framed in the project of constructing the discipline of psychology and its registration categories in South Africa.

The relevance discourse

The history of psychology in South Africa has been infused with polemics about a need for the applied subdisciplines to be relevant and goes back, at least in the formal intellectual activist domain, four decades. In the 1980s, the Organisation for Appropriate Social Services in South Africa (OASSSA) regarded community mental health as a point of intervention for implementing sociopolitical relevance and, although the organisation aimed to help apartheid activists with trauma from violence, it did not reconceptualise, in any social way, the understandings of distress and suffering (Hayes, 2000). Nevertheless, this debate has persisted, as seen in one article's opening statement, "Psychology in South Africa is at a crossroads" through which Long (2017: 293) examines whether the colonialist delivery of knowledge and services is relevant to a violent African context. This crossroads trope functions to locate the contention that African psychology has replicated colonialist epistemology in its cultural focus and vagueness, rather than being relevant to problems happening on the ground. This is a repeat of the relevance debate from the days of OASSSA, with a new argument that even the African psychology response is still lacking in sociopolitical relevance. In the four-decade gap between these two exhortations (Long's and OASSSA's), South Africa had gone through a political transition, but the relevance discourse remained alive.

Not only is the relevance discourse restricted to psychology as discipline; it has filtered down into its professional divisions. For example, close to two decades after democracy was realised, the counselling profession was still considered to be "a landscape under construction" (Maree and van der Westhuizen, 2011: 105) which, as a widely used topographical discourse, implied a regression because the counselling professions had yet to reach the bigger relevance discourse. This "construction" was still occurring despite Leach et al.. in 2003 purporting that, to be relevant, CP practitioners should adopt systemic and contextual framings that hold social and political agendas, and through which sociopsychological interventions for medical conditions should be implemented. Nevertheless, having missed opportunities for making practice relevant (Hayes, 2000), CP, which came to be positioned as the socially relevant alternative to clinical psychology, did not surrender the goals suggested by Leach et al (2003). Naidoo and Kagee's (2009) "The Quest for Relevance" continued the relevance discourse to argue for CP's place amongst the registration categories. Yet, even after Leach et al (2003: 632) predicted CP would thrive in the-then "next

decade" only if it were to adopt contextualised practice, Kagee's 2014 assessment of the discipline in "South African psychology after 20 Years of Democracy" – now the time of Leach et al's "next decade" – continued the refrain. Kagee (2014) assessed the progress of psychology in addressing social relevance, recommending the focus shift to a public health (versus intrapsychic or individualistic) model, new public management via monitoring and evaluation mechanisms, interdisciplinary work, and professional alliances with the managed healthcare or National Health Insurance (NHI) implementation. In other words, all categories of registration were tasked to speak to their relevance.

Twenty years after the first democratic elections in South Africa, psychology practice was still being criticised for lacking relevance because it used singularly individualistic and psychologistic epistemologies that had continued to avoid links with physical health. This dominant model was not relevant in a country where physical illness has been shaped by social conditions and socioeconomic inequalities (Kagee, 2014). Long (2017: 293) noticed this historical focus in efforts directed at relevance, maintaining that "[m]ultiple attempts at 'relevantizing' the discipline" developed along the lines of invoking the 'cultural', manifesting, for example, as the project that plateaued as a fringe interest in the form of the Africanisation of psychology. Referring to this project as being the rhetoric of indigenous psychology, Kagee (2014) explains that theory has not developed in this field, and its purported ideas are the same as those already established in mainstream approaches. Thus, social relevance, which is foregrounded in the philosophy of the national organisation, PsySAA, has remained at the level of debate (Long, 2013), an activity, as Macleod (2018) comments that is insufficient because collating of new knowledge is what will bring transformation. Another example of a movement, according to Kagee (2014: 358), that has distracted scholars from making psychology relevant is positive psychology, a movement which became incorporated into the mainstream, but which has limited application because its ideology and interventions, although embraced by "large corporations and the business elite", is ill-suited to respond in a transformative way to suffering, illness, and poverty, which are disabling features of everyday South African living.

Although the focus here is discourse, there is danger of only explaining political and real-world problems as a purely linguistic phenomenon that can change if we only can change the language. Discourse is embedded in, and has effects on, practice, according to a recent national survey of clinical psychologists (Deane, 2016). Deane (2016: 65) concluded that clinical psychology was "inaccessible and/or perceived as irrelevant" after findings showed "a crisis of relevance" (Deane, 2016: 71) because clinical psychology practice is determined by a capitalist economy and does not attract a diverse group of clients, thereby not meeting healthcare needs of the country.

The debates about relevance are not separate from regulatory developments about the profession. Although debates (shown by racial agendas) can be traced to 1948 when apartheid was implemented, as outlined in Naidoo and Kagee's (2009: 424) concise history of psychology's professionalisation in South Africa, CP and its relevance emerged out of the history of segregated professionalisation within a "multiracial" South African Psychological Association (SAPA) and a breakaway white membership of the Psychological Institute of the Republic of South Africa (PIRSA). It was, however, the **Regulations Defining the Scope of the Profession of Psychology** (Health Professions Act, 1974) that began the professionalisation of the discipline in South Africa. The PBP, working under the South African Medical and Dental Council, required SAPA and PIRSA to cooperate, a merger that was to occur only in 1983.

The 1974 Health Professions Act was published again in 1977, repealing three notices. The next major move came in 2011 when the Minister of Health, in consultation with the Health Professions Council of South Africa (HPCSA), gazetted new regulations in which the scope of the *profession* of psychology became demarcated into scopes of *practice* – descriptions of categories for professionalisation to 'regulate' practitioners within each category. These amendments divided the previous 'landscape' into territorial zones that were no longer limited to academic debate or intellectual activism. What were debates had shifted to juridicial and public battlefields[1].

The 2011 amendments reignited debates and exacerbated tensions between practitioners registered in different categories, escalating to court action by activist groups. The court applicants were the Recognition of Life Long Learning in Psychology Action Group and Justice Alliance of South Africa, whose agenda was to represent – if the regulations were to have become law – devalued and shunned psychologists in the educational and counselling categories (PBP, 2018). This scope war culminated on November 7, 2019 when, in a letter (Pillay, 2019), the PBP reminded psychologists to be guided by the Health Professions Act of 1974. This terminated the legislative scope-wars phase during which the 2011 amendments, which would have defined the scopes of practice, were declared invalid by the Western Cape High Court on 14th November 2016 (a judgement suspended for 24 months). Court arguments were not considered on procedural grounds, and an agreement between parties was reached (PBP, 2018). Behind this legal battle was the longstanding (discursive) battle between clinical

[1] 'Scope wars' is the term used in this paper to refer to the type of discursive practices, talk, and operations occurring amongst practitioners registered in the different registration categories of professional psychology in South Africa, particularly in public, juridicial, and activist spaces in the 2011–2019 period. This period, which historically represented the height of tensions and conflicts about registration category boundaries, demarcates the boundaries of the current analysis. However, even prior to the 2011 promulgation of amendments in the scope of the profession, tensions and boundary-making acts had occurred amongst psychologists in professional registration categories in university departments, training sites, business practice, and professional talk.

psychology practitioners on one side, and educational and CP practitioners on the other. The former camp was positioned in terms of the regulations and law as having lesser restrictions on their professional acts compared with the latter camps.

It is the period beginning with the promulgation of the 2011 regulations until late 2019 when the Minister gave notice **not** to proceed with them after receiving public comments (Department of Health (DoH), 2019) that informs the current analysis. The 2019 notice occurred a year after the previous Minister invited representations for the R**egulations Defining the Scope of Profession of Psychology, 2018**; this 2018 document listed the acts permitted within different categories of psychology and repealed the earlier **Regulations Defining the Scope of the Profession of Psychology, 2008** (Board Notice 101 of 2018). The 2019 notice meant that the 2008 version was legally required to direct the profession (DoH, 2008).

Crossroads or cul-de-sac?

The scope wars in the 2011–2019 period no longer used the more neutral 'landscape' description, a metaphor implying a wide terrain viewed from afar, a geography that incited positive emotions and aesthetics. Instead, the crossroads frame became foregrounded. In "South African Counselling Psychology at the Crossroads: Lessons to be Learned from Around the World", Young (2013: 423) charted a route for the applied discipline in which, subsequent to the 2011 promulgation of the amendments, the scopes of practice were considered to have left the profession "in a state of confusion and inertia". This contrasts with the same trope which, when used in Canada (Sinacore, 2019), signified the professional decision that needed to be made amidst two clear options – whether CP should keep the designation of being a discipline, or whether it should become a new social movement in psychology.

Two key PBP processes led to the profession's return to the 2008 regulation. One was the PBP's convening in 2017 of a Working Group (WG) that consulted with stakeholders to review the High Court's judgment and the scope of practice regulations (HPCSA, 2017). The task of the WG was more focused than that of an earlier team, the Scope Task Team (constituted in 2012), which had conducted research on the scopes of practice within "the national needs of the country in terms of HR resources, the NHI and other legislative frameworks" (HPCSA, 2017). The WG concluded that the 2011 amendments favoured clinical psychologists, represented a misalignment between the proposed scope divisions and practitioners' training and competencies, and allowed psychological services to be offered preferentially to a privileged sector (PBP, 2018). It recommended retaining the category of psychologist and merging of the scope of practice with that of profession. It also motivated for registration across categories and asked for the profession to serve the needs of all South Africans. These

recommendations were not new, for many of them had always framed, and had intruded upon training in, and practice of, the profession.

The WG document (PBP, 2018) requires a close reading because any optimism retained by the crossroads trope had now hinted at a cul-de-sac, an impasse. The WG document (PBP, 2018: 12) contains a textual impasse because, while it pressed for a paradigm shift from its outset, it defended the WG's benchmarking finding that "[i]ndeed, the regulatory framework that exists in South Africa is quite consistent with practices elsewhere". This contradiction makes the document and thus, the recommendations for the profession, fall apart. Both "indeed" and "quite consistent" reveal the defensive rhetorical counterpositioning against any paradigm shift being considered. The discursive placement about the shifting of paradigms at the outset along with mention of reconceptualisation of the discipline brings confusion because the "Indeed" functions as an imperative to maintain the status quo.

The document's internal contradictions imply that a paradigm shift would be too threatening to the identities and investments that had shaped repeated debates. In short, there is anxiety in the text. There is textual resistance to the finding from stakeholder comments about the need for "bold interventions to remedy what are perceived as major divisions within and dysfunction of the profession rather than a simple tweaking of the existing regulations" (PBP, 2018: 17). Although overhaul is alluded to, first, in the WG's name-dropping of Kuhn and, second, through the referencing of stakeholders from the 2017 consultations, the WG does not propose paradigmatic shifts: This is the textual equivalence of the cul-de-sac for the discipline.

The inequitable picture noted in the WG document can, nevertheless, be illustrated by research on practitioners' demographic profiles. Young and Saville-Young's (2019) secondary analysis of data from 2016 and 2017 – in a study that aimed to provide quantitative evidence to illuminate problem areas that have informed the debates about scopes of practice – suggested that CP was slower at transformation than clinical psychology because of the finding of a statistically significant difference in the practitioners' race categories: 28% of clinical psychologists and 15% of counselling psychologists self-categorised as black. This imbalance in practitioners' race groups is mirrored in the clients receiving psychological services; as the WG (PBP, 2018: 1) states, access to services still favour "middle class, English-and Afrikaans-speaking, white South Africans". This imbalance may also be attributed to the work setting, as shown in Dean's (2016) survey finding of white clinical psychologists (at a statistically significant level) being more likely than black counterparts to work in private practice. Not only was the female, middle-aged, and white profile dominant; about half of the sample (white more than black) preferred psychodynamic practice (Dean, 2016). Taken

together, more than two decades after the start of democracy and around 40 years after the repeated calls for changes by activists and academics (predicated by the rise and foregrounding of critical psychology, for example), the discipline retains its foundational oppressive ideologies.

Historically, in South Africa, a justification for the place of CP has occurred in academic and professional circles. Because psychology was considered in the 1990s to have been established within apartheid and colonial machinery (Seedat, 1998), CP seemed best positioned to occupy the social relevance space to address mental health problems within the changing cultural and sociopolitical contexts (Maree & van der Westhuizen, 2011; Young, 2013; Young et al, 2016). In 2003, CP was considered to have "a tremendous amount of unrealized potential" (Leach et al, 2003: 633). Similar arguments were to occur another decade later in the anticipatory discourse of a "moral plea" (Pretorius, 2012: 509) and when relevance was framed within the discourse of diversity and social justice (Young, 2013). However, the recommendations for CP to be culturally inclusive and sensitive to social problems make for a worn-out narrative.

In contrast to South Africa, Sinacore (2019: 187), in Canada, instructively explains that acts of justification are not required: Justification is a discursive feature of a "minority discipline" and, just as for minority persons, represents a "trap". CP is not redundant because it should instead advocate for the profession as being unique in addressing problems in health, wellness, diversity, and careers (Sinacore, 2019). CP historically had the role of showing that mainstream psychology oppressed certain groups, thus it is still relevant to give voice to marginalised groups and, as a priority, to continue showing innovation within psychology as a discipline (Sinacore, 2019).

The WG clarified the scope amendments, pointing out that private practice is where practitioners work and that regulations were intended to protect the profession from psychological acts being committed by unregistered persons; it singled out the war between categories, with the clinical category being allocated a permissive position by allowing its practitioners the rights to practice all types of psychological work (PBP, 2018). Although differences amongst categories are acknowledged, the document stipulates that the population requires mental health care because little has changed since apartheid in terms of the beneficiaries of services (PBP, 2018). Macleod's (2004) situational analysis found that research participants mirror the professional client base (urban, elite). Bantjes et al (2016) likewise explain CP's complicity with apartheid, positing one solution as moving away from elitist individual interventions to community and public health interventions, but on condition that a funding model can be designed for posts across the public health system. Work in private practice (where livelihood is based on payments from clients' private medical insurance or private

funds) keeps the discipline in the past or, as Pretorius (2012: 516, emphasis added) contended, "fossilised in *irrelevant* ways of thinking about the practice of psychology".

Addressing the Minister of Health in **Comment on Draft Regulations Defining the Scope of Profession of Psychology, 2018,** educational and school psychology practitioners asked for broader services to support their stance that their scope should not be narrowed and that they, as had happened with the events that followed the release of the 2011 amendments, should not be discriminated against (Strous et al, 2018). Educational psychologists complained of loss of livelihoods, being prohibited from consulting with clients in hospitals, and being relegated to inferior positionings within the professional hierarchy (Strous et al, 2018). However, the hierarchy has long been historically and systemically constructed because CP – positioned within school guidance and counselling – has had a lower status in the country (Leach et al, 2003). Clinical psychology retained its prestige over the other categories (Maree & van der Westhuizen, 2011; Pretorius, 2012). Pretorius (2012) explains that, because clinical psychology in South Africa, unlike the other registration categories requires community service, it gets positioned professionally within a medical model and placed at the peak of the hierarchy in applied psychology.

The WG noted the exclusionary impact of attempts to regulate scopes of practice because of the anger and conflict that followed amongst private practitioners (PBP, 2018). Acknowledging that the plays for status were the cause of the scope wars and, like many before who had mapped out the future of the discipline, Pretorius (2012: 513) defended the 2011 regulations as being a skills blueprint that aimed to show that the profession had relevance "to what is needed by the country rather than what is wanted by psychologists", a statement pointing to the main barrier preventing professional categories from having their touted relevance. This barrier is practitioners' investments (identity, monetary desires, status), as suggested in Pretorius's (2012) quoted statement.

The microsystemic issues (quarrels between groups and personal investments) keep professionals stuck, rather than positioning them at thoroughfares that could grant agency. Characteristically, because CP is linked to psychologistic investments of self-discovery and internal worlds, the debates were not about scopes but about identities. Much of the professional identity polemic is linked to the medical community having positioned clinical psychologists as carrying more status than counselling psychologists, a discursive dynamic that led to Pretorius's (2012: 515) contention that the power and status, which created such a hierarchy, was "at the root" of the debates.

The 2011 regulations supported the notion of clinical psychology as having superior status, credibility, and authority over other forms of applied psychology. Besides

clinical psychology in South Africa having been linked to registrations with medical bodies, training at psychiatric hospitals, and paid DoH internships, psychology overall had been built around two idealised models, the medical and the scientific (Pretorius, 2012). Alluding to this also as a finding arising out of the WG consultation process, the PBP manager in an update letter substantiated this by mentioning non-payments by medical aids for certain services or practitioners, community service being required only for the clinical category, and the inadequacy of single-year training programmes (Taljaard, 2018). Naidoo and Kagee (2009: 427) note this misalignment because CP, and not clinical psychology, offers academic training in community psychology; thus, with one having medical origins the other is accorded a "subordinate status". An alternative view is to consider the categories as operating in parallel rather than vertically, but the vertical view pervades clinical practice (Pretorius, 2012), and this medical bias has led to non-payments to certain psychologists, with the consequence, according to one newspaper report (Herman, 2016), that child patients were left stranded.

This discursive order keeps the crossroads frame alive, a safe rhetoric that functions to not offend practitioners. Its sympathetic aim is to provide a discourse so that practitioners can seek conciliation and cooperation, with the goal of offering agency through which they could decide which road to take. But the route's destination is vague; and history confirms the crossroads is an impasse. Resolution, which has yet to occur, has been considered to happen in one of three ways: (1) remove CP as a category; (2) rename CP following a distinct reconceptualisation; or (3) incorporate it into a 'generalist' category. The first option is too threatening – loaded as it is with investments and identities. The second option of envisioning an alternative to how it has always been conceptualised is a task that the PBP had already begun, but this becomes a programmatic problem when clinical and counselling training programmes overlap.

Overlap, though, according to Pretorius (2012), is in core skills (a micro view), although empirical research (Young & Saville-Young, 2019) reveals differences beyond skills. Young and Saville-Young's (2019) secondary analysis, which compared clinical and counselling categories across multiple variables (e.g., values), showed that distinctiveness requires clarification. Even if training becomes more distinct, private practice is where distinctions would blur. And, if category blurring is already happening, then the third option (generalist category) is not only aligned with practice but could also have a reconciliatory function. The blurring of boundaries in professional practice implies that socialisation (during training) into the registration category, rather than skills training, could have been unsuccessful. A survey of clinical psychologists' work found that they do work that is defined for the CP category, further pointing to the blurring of boundaries amongst clinical, counselling, and educational

categories (Deane, 2016). Skills are common in clinical and counselling categories, but identities have anxieties that, as the scope wars showed, can be displayed in professional acting out.

A fourth resolution yet to be found in work that addresses this debate is to scrutinize the professional skills in CP. If CP skills and supposed ideological investments are categorised, CP could be divided into two streams that would heed the calls for relevance. These would likely be health psychology and community psychology because of the activism for using community and public health models. In this way, CP can become *publicly* represented as relevant; and the service function (health or community) becomes clear. However, given the humanistic investments, functionalist attachments of the old guard, and training focus on individualistic theories, this option of breaking up CP could also be met with resistance. CP in South Africa modelled itself on the modernist knowledge in the US, despite the latter having transformed its version of CP (Naidoo & Kagee, 2009). One other approach (a fifth route) is to keep the CP category but use a new discursive framing,

Charting the service road

To address any impasse/cul-de-sac masquerading as a crossroads, the profession of psychology and not only any one category must heed the advice to position itself in multiple, rather than monolithic ways, to be relevant (PBP, 2018). Bantjes and Swartz (2017) complain that conditions have not changed in the health system because extensive attention has been given to the surveillance of distinctions between categories, an act of wasted efforts that will not impact people because few psychologists serve the country. Change in implementation of practice, rather than continuous selfish debates, is the resolution (Bantjes & Swartz, 2017). Debates have been described as 'selfish' because of their being shaped by (unquestioned) identities and investments that retain either the cul-de-sac (i.e., termination of the category) or the crossroads (paralysis in the category) options. The WG concedes this: "Save for the efforts in the late 1990s that were for the most part never implemented, the regulation and training of professional psychologists is little changed since the promulgation of the Health Profession Act of 1974" (PBP, 2018).

Only an economic revolution – conceptualisation and implementation which has yet to receive articulation – can address mental health problems as opposed to practitioners' quarelling (Bantjes et al, 2016; Young et al, 2016). Although one useful way to get to such articulation has been the examination of the discipline around the world to ascertain if South Africa matches those systems (Young, 2013), this becomes an act of globalisation and status quo maintenance, even if this revolution is appended within justifications of CP being helpful to serve a country in transition. Because

structural and policy changes are hard to bring about, are met with resistance, and take practitioners away from their work, changing discursive frames becomes a less demanding option. In other words, if practitioners change the way they talk about the profession – in whatever rhetoric and metaphors – they begin to make the changes that enhance the profession that can then move out of the crossroads.

In keeping with the trope of roads, I suggest another pathway – that CP frame itself as a *service road* rather than being at a crossroads. This has three effects: First, such framing removes the cognitivist associations of being stuck in decision making and the consequent dilemma of navigating towards a rational point (this is the implication of being at a crossroads); second, changing the discourse to that of a service road imbues the profession with *public* accountability (by removing the individualist and cognitivist implications of making a decision, focus can shift to social modes of operating because a service road implies a social model to practice and knowledge, with the discipline functioning within a network); third, these two shifts help with alignment with the WG's recommendations for the discipline.

The charting of the service road has implications for how practitioners who use this road as a route for delivering professional acts define and shape who they are and should be. In other words, the service road positions its users in particular ways. This involves untangling attachment to identity for it is this that has kept professional psychologists stuck in the crossroads. An (over)attachment to an identity has received limited attention in the training context, although Pretorius (2012: 518), using a discourse of emotional appeal, reminds psychologists that they have a "moral obligation" to change their identities. Taking up this obligation when the practitioner is in private practice is too late. Learning opportunities within which to initiate such change would be, first, during training and, second, during the selection processes of student psychologists. The latter could tackle the obligation Pretorius (2012) mentions.

Young (2013), in the context of the identity politics foregrounded by the 2011 amendments, stated that clarity about identity was warranted because the counselling job occurs through acting from values that practitioners espouse, and these inevitably make up identity. Basing that view on an analysis of definition statements of CP in 11 countries where values are singled out as shaping the discipline's identity, Young (2013: 430) averred that, to make CP relevant to South Africa, the value orientation implies involvement in primary health care, thus "paid compulsory community service" is one practical way out of the crossroads. That this recommendation is made gives a hint that by reconceptualising the profession as social service the topographical metaphor of crossroads can be transformed – although not so explicitly for Young (2013) – into that of a service road.

Although outside of the focus here, addressing methods and ideologies of selection procedures would do well to start the move away from constraining discourses and metaphors of counselling. Applicants need to nurture and develop an alternative attitude and life perspective. Orlans and Van Scoyoc (2008: 19), writing about the historical and social context of CP, are instructive: "In our experience, there is something of the maverick in many counselling psychologists, a quality that is likely to attract you instantly to the field or send you off looking for something more 'mainstream' and less troublesome". Such positionalities have been shown in Moore and Rae's (2009: 384-5) study with eight practitioners in London who positioned themselves as "mavericks": In opposition to clinical practitioners, they constructed their practice as "progressive"; they were radicals who challenged orthodoxies, taking on identities of outsiders and "independent free thinkers". This is the discourse of potentialities for the discipline, as well as reason for CP being retained. Sinacore (2019: 193) foregrounded this role of counselling psychologists as risk-takers, imploring that, if identity politics is to remain an investment for these practitioners, then the defining roles of "innovator, advocator, and activist" should be taken up.

The imported (humanistic) values contained in discourses of self-discovery, self-development, introspection, and internal psychic resources have come to define the dominant view of CP. As critical perspectives have propounded, these very values are problematic. These values clash with everyday realities in a globalised, postcolonised, and economically inequitable world, despite Young et al (2016) considering humanism as having historically been pivotal to help advance social justice agendas. Globalisation requires CP to adjust theory and practice so that it can move away from dominant approaches (Maree & van der Westhuizen, 2011). If values from humanism are foregrounded, whereas those of diversity in the form of economic, sociopolitical, and other categories of difference take an appended or marginal role in training, then the discipline cannot advance. However, this seems to be the case for training: The HPCSA (2019) document for training standards refers to a minimum competency of a practitioner being able to "defend and promote" the rights of vulnerable persons, but this takes up the last spot in a list of nine competencies, a discursive placement that needs rethinking. This does not seem aligned with developments in rhetoric internationally. Within the crossroads frame in Canada, in a keynote address, Sinacore (2019: 190) encouraged practitioners to be "leaders" in the discourse of cultural competence within the entire community of psychological practitioners.

Whereas clinical psychologists would be expected to adjust well in working with medical personnel in inpatient psychiatric settings where their formulations have credibility within a biomedical model, the alliances that CP has had with

nonmedicalised domains (career psychology, couple therapy, student counselling) have brought problems because the epistemology remains individualist. Being trained to conceptualise clients using the vague biopsychosocial model might work for clinical psychologists because, as criticisms of this model have shown, it is functionalist, wherein the psychological is reappropriated into the epistemology of biomedicine (Stam, 2004). This is reflected in the WG proposal that clinical psychology interventions show "demonstrated effectiveness in treating mental health disorders" (PBP, 2018: 22), a discourse characteristic of the biomedical paradigm (i.e., evidence-based treatments, empiricism, and a functionalist epistemology). Working with inpatients and medical professionals places clinical psychologists on an existing and well-maintained service road. On this road, they provide "mental and behavioural healthcare", offering "diagnosis" and "treatment" based on "biological, social and psychological factors" (PBP, 2018: 22)**.** The discourse is firm and makes ideological alliances explicit.

Now, in contrast to clinical psychology, to expound on CP's positioning and to present an alternative construction with less vague solutions than those that have come out of the critiques in the last four decades, I first quote the WG's proposed CP definition in full. I thereafter closely analyse it to elucidate the WG's conclusion that the whole profession remains the same since its inception in 1974. The WG's textual incoherence, notably, can be missed: Their proposing of a (new) definition implies changing the topography on the one hand; but, their proposal, on the other, reinscribes their very conclusion that practice and training has not changed since 1974:

> *"Counselling psychology is a specialist category within professional psychology that promotes the personal, social, educational and career functioning and well-being of individuals, couples, families, groups, organisations and communities. Counselling psychologists assist people with* ***normal*** *developmental issues, and also prevent and alleviate psychological and mental health disorders that range from mild to moderate severity. Psychological assessment, diagnosis, and formulation draw on a* ***holistic appreciation*** *of people's lived experiences and their* ***sociocultural contexts****. Counselling psychologists deliver a range of high-intensity psychological interventions that* ***take into account the therapeutic potential of positive*** *relationships, and people's strengths and resources.*" (PBP, 2018: 22, emphasis added)

To distinguish CP from the clinical category, the former avoids the term "demonstrated effectiveness" but opts for the vague and esoteric "take into account the therapeutic potential of".

Another clue that distinguishes CP from clinical psychology's (biomedical) epistemology is that it aims to implement professional acts directed at "sociocultural

contexts". The difference, then, is that CP is expected to work within a social, rather than biomedical, model. Yet, as the WG's findings show, the social model is still underplayed in practice. In an intratextual contradiction, the proposal for CP (PBP, 2018) contains apolitical discourse, yet on closer examination, reveals three problematic terms: "normal developmental", "appreciation", and "therapeutic potential". The aim of this (only outwardly) apolitical discourse, paradoxically, is to make a rhetorical move for inclusivity. Inclusivity here refers to the textual intention to not disappoint practitioners by not relinquishing individualist and humanist versions of CP. The aim of this discourse is to pacify objectors *within* the CP because adherents have been socialised into discourses that seem, on the surface, neutral and scientific. But this discourse backfires.

Unlike the clinical psychology discourse, formulated concisely in keeping with working within a biomedical paradigm, the self-defeating agency allocated to CP practitioners comes across in their being asked to "draw on holistic appreciation of…sociocultural contexts" and "take into account the therapeutic potential". The phrases "draw on" and "take into account" suggest weak actions. Doing valuable service and contributing to society are sidelined. Furthermore, "therapeutic potential" is weaker still because it points to an act that is optional. Then, to merely resort to "appreciation" of contexts is not the same as taking social action or fighting for social justice. Appreciation, a weak action for a healthcare field, is an act associated with arts. Consequently, this action does not position psychologists as agents of (social) change and health care. Medical practitioners or nurses do not 'appreciate'; they care for, offer service, and work within well-defined acts. Even more worrisome is that harm can be read into this discourse because it can be interpreted as justifying the idea that (all) "sociocultural" spaces should be 'appreciated' (rather than challenged). Practitioners are asked, according to this discursive logic, to even appreciate those "lived experiences and their sociocultural contexts" that might be oppressive. Absent here is any mention of taking a stand against oppression. The evaluative adjective "positive" further compounds the problems because it refers to a shifting, moral, and sub/cultural dimension.

Remarkably, thus, in comparison to the 2011 amendments, the WG proposal for CP is formulated in *less neutral* diction; it is biased towards humanist ideologies and avoids reference to sociopolitical commitment. The social stays at the optional level of 'appreciation' and its unintended effects. The lack of political slant hides the humanistic ideology. Humanism is valuable in a profession based on the founding tenets of client-centred philosophy; the problem is that it should function as the metaphorical path or turn-off that connects the service road to the highway, rather than being the service road that alone offers service.

Next, the CP definition delimits its members to work with "normal developmental issues". This bias, no doubt a well-meant discourse because it presumably is used as a contrast to psychopathology "issues", is problematic when considered within developments in a professional body such as PsySAA whose guidelines require psychologists to do away with any assumptions about what is 'normal' (McLachlan et al, 2019). The "normal" injunction in the CP definition positions its practitioners as psychological and corrective police. Given McLachlan et al's (2019) guidelines for professionals working with diversity and using affirmative practice in a human rights framework that, for example, may entail working with people who have had a counternormative development, the WG's proposed CP definition positions practitioners as agents legislated to justify and implement corrective interventions for "normal developmental issues". At the margins of the CP definition are injunctions for interventions aimed at counternormative development. In contrast, in 1974 in the US, when training-accreditation needs were discussed, diversity and cultural identities were singled out for professional attention; and in the 1990s, Division 17 (the CP speciality) emphasised diversity too (Orlans & Van Scoyoc, 2008).

Building the service road

The task for CP is to build itself as a service road. This should not be confused with service delivery. This is an alternative to the crossroads metaphor to begin charting and building a conceptualisation that holds possibilities for creativity, alliance-building and, well, even service delivery. This type of road is a "relatively narrow road running parallel to a main road and providing access to houses, shops, offices, factories, etc, situated along its length" (Educalingo, nd). To explain, the discipline of psychology is the main road with a higher-speed allowance and with different applied professions en-route *together*. To offer its special service, each professional category has on off-shoot from that main road. This leads to a parallel route to service users according to each speciality. The scope wars led to turmoil and confusion about what service to deliver where, as well as who has the right, in terms of the regulations, to deliver that service. The usefulness of the new metaphor is to suggest an alternative to the dominant one that brings up the image of not knowing which route to take and with no direction available about the place to where actors must deliver something – here, the delivery of a service.

When the crossroads trope has been used, scholars have assumed readers know its meanings and can make linkages to prior knowledge. Metaphor, explains States (2001: 105), "is the cognitive fire that ignites when the brain rubs two different thoughts together. The two thoughts might have hidden or preexisting similarities or associations or they might not. In the latter case what emerges isn't a *likeness* between the two things, but a cognitive expansion of their combined possibilities on which

future likenesses may be built". To translate this, unlike the "inertia" (Young, 2013: 423) that may have ensued following repeated associations with crossroads, when two things are placed together (CP and service road here), a commonality can arise to show possibilities for thinking, planning, and action.

The service road for clinical psychology offers a well-established route on which practitioners, via their institutional positionings within biomedicine, have been allowed privilege by State, the psychology profession, and service users. Consequently, clinical psychologists, according to the WG (PBP, 2018), focus on mental health disorders that "range from mild to severe and complex" whereas counselling counterparts work with those of "mild to moderate severity". Accordingly, CP does not focus on disorders that are disabling. Functioning, if impaired to such an extent that activities are severely compromised, would be a professional object for a clinical psychologist's care, along with ongoing monitoring by a psychiatrist – a category boundary pointed out by Young et al (2016). This boundary-making implies that service users who are not inpatients, but who may have psychological problems while continuing to fulfil social and occupational obligations, should therefore seek out counselling psychologists (Bantjes et al, 2016; Young et al, 2016). This broadens the CP client base to those who experience multiple social problems but whose functioning may not be considered impaired to warrant either treatment in clinics or strict diagnoses; it is this application that CP has downplayed but where it could be of *service*. Such a view provides reason for not discarding the category. Nevertheless, boundaries and boundary-making do not mean war; alliance-building through dialogue can move professionals out of crossroads (Sinacore, 2019).

South African CP, however, remains conservative, despite minimum training standards requiring practitioners to "work sensitively" to "address issues related to racism, sexism, homophobia, transphobia and disablism" (HPCSA, 2019: 6). This is at odds with the discourse of "appreciation" that can be offensive to the majority who experience poverty, violence, and social hardships every day. Within appreciation discourse, historically, were attempts to respect the 'different cultures' (under the banner of indigenous or African psychology) and to foster separate development (apartheid), resulting in 'multicultural' being used subsequently, a discourse criticised for implying essentialism. Sole reference to 'multiculturalism' as a value implies that practitioners are not critical and are apolitically positioned against everyday oppressive realities (Moodley, 2007).

Conclusion

This analysis leads to the view that, if the CP category remains intact, then change must happen within the subdiscipline. Training can be at the forefront here, addressing

relevance in three ways. First, training requires an increased community psychology focus. The social justice and advocacy agendas (Leach et al, 2003; Bantjes et al, 2016) are not new, but the lack of a community psychology category means that CP could occupy this space. Similar calls were made for changes in the discipline from the days of OASSSA in the 1980s (Hayes, 2000). CP needs to function as a service road, for both other healthcare professionals and social change.

Identity may not be as relevant in other health professionals as it is in psychology because they may be too busy learning practical skills and going about their business caring for people. Medical professionals may not have interventions defined by their identities, ideologies of selfhood, and values (they work within well-bounded somatic foci or distinct technologies); but, for psychologists, these have contributed to the scope wars. Although clinical psychology's biomedical model readily allows an alliance with allopathic professionals, other professional psychology categories have required that programme applicants, trainees, and registered practitioners be recruited successfully into the discourses of interiorities as frames for living. Also, practitioners are required to be attached to 'being a psychologist' with all its mystiques and myths as 'stable' elements of that identity. In other words, the career label 'psychologist' can become an overattachment. To change this, questioning and excavation of dominant discourses of the profession could reveal why CP is at the impasse. One solution is to revisit the requirement that professional training involves socialisation not only into the knowledge and interventions, but also into a particular version of identity. This latter socialisation seems to have worked against the profession, as illustrated by the crises and court cases.

Ideally, CP, as service road, can proliferate into a network of routes. This will address Watson and Fouche's (2007: 160) remark that a relevant identity can counter the view of the CP as "parochial", with little "interdisciplinary professional networking". Professional identities and anxious attachments have been at stake; the 2011 amendments threatened these and the very values of the psychology professions. This analysis suggests that the discursive frame of relevance and the trope of crossroads hold back change and creativity. The new discourse of a service road shows a route that can deliver CP services in a social and community model of practice.

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